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SOS  
610 N. Silver St  
Silver City, NM 88061  
575-956-6131  
575-956-6947

Use Note Creation Time  
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Medicaid ID: 3571193524

Sprague, David S

ID: 44 DOB: 7/13/1982

7/23/2023  
4:11 AM

**Case Management Note (SOS)**

Plan: Continue to accommodate client to the best of shelter abilities and continue to prompt client to continue participating in programming plans now being implemented by shelter staff.

Diagnosis: Major depressive disorder, single episode, moderate, F32.1 (ICD-10) (Active)  
Post-traumatic stress disorder, chronic, F43.12 (ICD-10) (Active)  
Extreme poverty, Z59.5 (ICD-10) (Active)  
Homelessness unspecified, Z59.00 (ICD-10) (Active)

**History of Risk Factors:**

- \*History of Alcohol or Substance Abuse
- \*History of Mental Illness:  
Carries a Diagnosis of Manic Depressive Illness

**Current Risk Factors:**

- \*Absent or Weak Support System:
- \*Experiencing Severe Anxiety or Panic
- \*Severe Financial Difficulty
- \*A Major Depression is Present

**Suicide Risk Assessment:**

David denies suicidal plans or intentions.

**Suicide Risk:**

Based on the above risk factors, David's risk of suicide is considered Low. Fleeting thoughts may be present but there is no intention or plan.

**Violence Risk:**

Based on the above risk factors, David's risk of violence is considered Low. Aggressive or violent impulses are intermittent or fleeting without plan or intent.

**Access to Lethal Means:**

Access to lethal means was discussed with David. He denies having access to lethal means at this time.

2 Units for H0038 Peer Support - UH, TV, HM

Time spent face to face with patient and/or family and coordination of care: 30 min

Session start: 12:00 AM  
Session end: 12:30 AM

Service Location
Turn

Audit Log

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